Enter your transmittal number



Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasmfrm.shtml or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

	• •		т пррпоат	on ana ra	y 111011t		
1. Please type or print. A separate Transmittal Form	A.	. Permit Information					
		BWP IW 38		Permit for Industrial Sewer User			
must be completed		1. Permit Code: 7 or 8 character code from permit instructions 2. Name of Permit Category Industrial Sewer User in IPP POTW discharging more than 50,000 GPD					
for each permit application.							
	3. Type of Project or Activity						
2. Make your							
check payable to the Commonwealth	В.	Saints Medical Center 1. Name of Firm - Or, if party needing this approval is an individual enter name below:					
of Massachusetts							
and mail it with a copy of this form to: DEP, P.O. Box	•						
4062, Boston, MA 02211.		2. Last Name of Individual	3. First	Name of Individual		4. MI	
		One Hospital Drive					
		5. Street Address					
3. Three copies of		Lowell	MA	01853	978 458-1411	4131	
this form will be needed.		6. City/Town	7. State	8. Zip Code	9. Telephone #	10. Ext. #	
		Ken McGraw@saintsmedicalcenter.			intsmedicalcenter.com	1	
Copy 1 - the original must		11. Contact Person 12. e-mail address (optional)					
accompany your permit application.	C.	C. Facility, Site or Individual Requiring Approval Saints Medical Center					
Copy 2 must							
accompany your fee payment.		Name of Facility, Site Or Individual					
Copy 3 should be		One Hospital Drive					
retained for your records		2. Street Address					
		Lowell	MA	01853	978 458-1411	4131	
		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
4. Both fee-paying and exempt		1210181	042104				
applicants must mail a copy of this		8. DEP Facility Number (if Known) 9. Federal I.D. Number (if Known) 10. BWSC Tracking # (if Known					
transmittal form to:	_	Application Draward by /if d	iiffanant fnam	Coation D*			
	D. Application Prepared by (if different from Section B)*						
MassDEP P.O. Box 4062 Boston, MA 02211		AMEC Earth and Environmental, Inc.).				
		Name of Firm Or Individual					
		2 Robbins Road					
		2. Address					
		Westford	MA	01886	978 692-9090	296	
* Note: For BWSC Permits, enter the LSP.		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
	,	Sean McGuigan					
		8. Contact Person		9. LSP Number (BWSC Permits only)			
	E. Permit - Project Coordination						
	Is this project subject to MEPA review? □ yes □ no						
	If yes, enter the project's EOEA file number - assigned when an						
	Environmental Notification Form is submitted to the MEPA unit:						
	EOEA File Number						
	F. Amount Due						
DEP Use Only	Sp	ecial Provisions:					
D "AI	1.						
Permit No:	0	There are no fee exemptions for BWSC permits, regardless of applicant status.					
D 115	2. 3.	 Hardship Request - payment extensions according to 310 CMR 4.04(3)(c). Alternative Schedule Project (according to 310 CMR 4.05 and 4.10). 					
Rec'd Date:	3. 4.						

\$1,605.00

Dollar Amount

Date

Check Number

Reviewer: